

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee <b>Dixon/Davis Media Group LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2014</b>		
Mailing Address 1028 33rd St NW Ste 300			Amount 15500.00		
City Washington State DC Zip Code 20007-3571		Transaction ID : VN7GB9TG222 Date of Disbursement or Obligation MM / DD / YYYY			
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type			
Name of Federal Candidate Joni Ernst			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: IA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Dixon/Davis Media Group LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2014</b>		
Mailing Address 1028 33rd St NW Ste 300			Amount 14085.00		
City Washington State DC Zip Code 20007-3571		Transaction ID : VN7GB9TG326 Date of Disbursement or Obligation MM / DD / YYYY			
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type			
Name of Federal Candidate Shelley M. Capito			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: WV		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			29585.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Rebecca Lambe</i>			Date MM / DD / YYYY <b>07 / 25 / 2014</b>		

[Electronically Filed]